PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09750144

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			(Column 1	1)	(Colui	nn 2)	, F			OR F		<u> </u>
							ŀ	RATE	FEE	ŀ	RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			/9 minus 20=		· _ 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		-0			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	L	TOTAL		OR	TOTAL	70
	CLAIMS AS AMENDED - PART II										OTHER THAN	
(Column 1) (Column						(Column 3)	_	SMALL E	ENTITY	OR .	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	ŀ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***]=		X40=		or.	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	•	ADDIT. FEE		4	ADDIT. I EE	·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= '		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ון נ	+135=		1	+270=	
								+135=		OR	TOTAL	
1								ADDIT. FEE		OR	ADDIT. FEE	
 		(Column 1)			umn 2)	(Column 3)	٠.			_		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	HEST MBER (IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
REP	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF N	AULTIPLE DE	PENDE	NT CLAIN	4]			100		
				_	da - MMH 1 -	l		+135=		OR	+270=	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
Ι΄	the "Highest Nu" The "Highest Num"	imber Previously nber Previously F	raiu roi IIN IM Paid For" (Total c	or Indepe	∟ 15 1655 ti ndent) is ti	ne highest numb	er fo	und in the ap	propriate b	ox in c	olumn 1.	